



CITY OF SEDONA

Sign Permit Application

Deposit: _____

Date Received: _____

Permit Number: _____

| | | | |
|---------------------------|--------|-------------------|--|
| Assessor's Parcel #: | | Location Address: | |
| Building Name: | | Suite #: | |
| Business Name: | | | |
| Business Owner Name: | | Phone: | |
| Local Contact or Manager: | | Phone: | |
| Mailing Address: | | | |
| City: | State: | Zip: | |
| Sign Designer: | | Phone: | |
| Address: | | | |
| License #: | | Class #: | |

Type and Quantity of Signs: *(Check all that apply)*

| | Quantity | Lighted (Y/N) | | Quantity | Lighted (Y/N) |
|---------------------------------------|----------|---------------|--|----------|---------------|
| <input type="checkbox"/> Freestanding | | | <input type="checkbox"/> Wall | | |
| <input type="checkbox"/> Marquee | | | <input type="checkbox"/> Directional | | |
| <input type="checkbox"/> Directory | | | <input type="checkbox"/> Awning/Canopy | | |
| <input type="checkbox"/> Under Canopy | | | <input type="checkbox"/> Other: _____ | | |

Indicate type of materials used for each sign: _____

Signature: _____

Date: _____